附件：

**2017年北京市卫生管理研究专业技术职务**

**任职资格考试考前辅导班报名回执**

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| **单 位**  **名 称** |  | | | | **参 加**  **人 数** |  |
| **地 址** |  | | | | **邮 编** |  |
| **联系电话** |  | **E-mail** |  | | | |
| **姓 名** | **拟报技术职务** | **手 机** | | **电 子 邮 箱** | | |
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**注： 本报名回执可单位统一报名填写，也可个人单独报名填写。**